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AUTHOR Lindsey, Michael
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ABSTRACT

Reported are the results of a study of the delivery of educational services to the handicapped in Oregon, including suggestions for organizational changes in the present system of delivering education or educationally related services. Major emphasis is on the development of a coordinated and comprehensive statewide system of services for the handicapped. Problems are identified, needs assessed, performance objectives determined, and recommendations identifying means of attaining said objectives made for each of the following educational services or service-related areas: state level coordination; identification, evaluation, and referral services; programs for preschool or early school age handicapped children; special education in local school districts; and special education for the emotionally disturbed. State agencies and departments involved in the delivery of educational services for the handicapped are briefly described in the appendix. (KW)

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A COUNCIL REPORT

THE DELIVERY OF EDUCATIONAL SERVICES TO THE HANDICAPPED IN OREGON

EC 031737

AUGUST 1970

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Prepared by
[illegible]
Administrative Assistant

State of Oregon
Educational Coordinating Council
670 Cottage Street N.E.
Salem, Oregon 97310

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TABLE OF CONTENTS

		Page
LIST OF TABLES		iii
LIST OF FIGURES		iii
Chapter		
I.	INTRODUCTION	1
	Background and Scope of the Study	1
	Purpose of the Study	3
	Definitions	5
II.	STATE LEVEL CONSIDERATION	9
	Identification of the Problem	9
	Assessment of Need	9
	Objectives	11
	Recommendations	11
III.	IDENTIFICATION, EVALUATION, AND REFERRAL SERVICES	19
	Identification of the Problem	19
	Assessment of Need	20
	Objectives	22
	Recommendations	22
IV.	SERVICES FOR HANDICAPPED CHILDREN OF PRE-SCHOOL AGE OR EARLY SCHOOL AGE	26
	Identification of the Problem	26
	Assessment of Need	26
	Objectives	27
	Recommendations	27
V.	SPECIAL EDUCATION FOR THE HANDICAPPED IN LOCAL SCHOOL DISTRICTS	29
	Identification of the Problem	29
	Assessment of Need	31
	Objectives	32
	Recommendations	32

Page

IV. [illegible] 36

Identification of the Problem 36
Assessment of Need 36
Objectives 37
Recommendations 37

Appendix

I. STATE AGENCIES AND DEPARTMENTS INVOLVED IN THE DELIVERY OF EDUCATIONAL OR RELATED SERVICES FOR THE HANDICAPPED 39

II. STUDY OF EDUCATIONAL SERVICES FOR THE HANDICAPPED IN OREGON (Questionnaire) 40

List of Tables

Table		Page
1	Percentages of Total and Special Education Services Based on Child Population	29
2	Funds Appropriated for the Provision of Educational Services to the Handicapped Each Fiscal Year	32
3	Special Education Programs in Private Schools	50
4	Estimated Number of Handicapped Children Who Do Not Receive Special Services and Who Are Unable to Attend Regular Classes	53

List of Figures

Figure		Page
1	Organization of State Level Agencies Involved in the Delivery of Educational and Related Services to the Handicapped	9

Introduction

Background and Purpose of the Study

In June 1971, the Educational Coordinating Council authorized the study to undertake a study of the delivery of educational services to the handicapped in Oregon in response to interest expressed by members of the Oregon Legislative Assembly, the Executive Department, and the State Department of Education. In addition to its own resources, the Council received funding assistance from the State Department of Education and staff assistance from various other state agencies during the course of the study. The role of the Council and its staff throughout the life of this study has been one of a neutral observer whose task was the conduct of an independent "audit" of the existing system through which educational services are provided to the handicapped in Oregon.

During the course of the study the Council staff has worked closely with many agencies and institutions, both at the state and local levels. This cooperation has been invaluable to the Council in the identification of problems and the development of recommendations which are designed to provide viable means through which comprehensive educational services may be made available to the handicapped in Oregon. The Council staff has also maintained close cooperation and liaison with the Comprehensive Health Planning Section of the Executive Department.

this committee will insure that statewide delivery systems for both the educational and health needs of the handicapped in Oregon will be coordinated and compatible.

The Council staff has also worked with the goals, objectives, and projected activities in the relevant sections of Goals for a Livable Oregon, throughout this study. In most cases the objectives and recommendations contained in this study are compatible with the content of that document. In a few instances this study goes beyond Goals for a Livable Oregon in suggesting new activities and changes in the assignment of specific activities to particular agencies. This study suggests organizational changes in the present system of delivering education or educationally related services to the handicapped. It is recognized that similar changes would have to be incorporated in the Goals for a Livable Oregon to insure compatibility.

It should be noted that this study does not attempt to deal with all of the problems related to the provision of educational and educationally related services to the handicapped. The recommendations and objectives stated in this study are meant to complement the work of other committees and agencies, including the Governor's Comprehensive Health Planning Committee, the Management 73's Task Force, the Mental Health Division, and the Teaching Research Division's study of the needs of handicapped children. The major emphasis of the Council's study is on the development of a coordinated and comprehensive statewide system of services for the handicapped. The development of such a system is a necessary first step in a continuing effort to improve both the quantity and quality of

the educational services which are actually received by the handicapped individual.

One particular area where further study is needed is the more near future is the problem of providing training programs for both professional and paraprofessional personnel. Existing programs for training special education personnel should be examined, both in terms of quality and quantity; and new programs to provide training for entirely new types of personnel should be designed. This assessment is beyond the scope of this study and could be most effectively undertaken after June 1971, when the study of the needs of handicapped children, being conducted by Teaching Research Division, is completed.

Purpose of the Study

The major purpose of this study is the development of a plan for a comprehensive system of delivery for educational and educationally related services to the handicapped in Oregon. The plan will be developed within a system framework, and the major components of the study are based on the requirements of this framework. Each of the components is outlined below.

Identification of Problems. A number of general problems have been identified in the delivery of educational services to the handicapped. These problems are of two basic types: 1) problems resulting from conflict, duplication, or a lack of effective coordination among agencies and/or programs; and 2) problems resulting from the absence of

certain kinds of programs which are essential for the delivery of educational services to the handicapped. The study does not attempt to deal with problems that may exist due to deficiencies in the content of particular educational programs. The Council staff did not feel that it possessed the specialized training which would be required for this type of program evaluation.

Assessment of Needs. The general needs of all Oregonians with physical or mental impairments, as well as the specific needs of certain groups of handicapped individuals, for educational services have been assessed in this study. In some cases, these needs are related to the delivery system for educational or related services; in other cases, needs are assessed with respect to specific types of educational programs or financial considerations.

Determination of Performance Objectives. Specific performance objectives which are directly related to each problem identified in the study, and to the assessment of needs associated with each problem, have been developed. These performance objectives are based on a number of factors, including statutory requirements, the prevalence and distribution of mental and physical impairments in Oregon's population, performance criteria identified by specialists in the area of education for the handicapped, and objectives stated in Goals for a Healthy Oregon.

Recommendations. Specific recommendations which identify possible methods and means for the attainment of each stated performance objective have been developed as an integral part of this study. The recom-

many authority for implementing these recommendations is divided among the Legislature, the Executive Department, individual agencies or divisions of State Government and school districts in Oregon.

Definitions

Certain working definitions were accepted at the outset of this study which have governed its scope and content.

Handicap. A "handicap" is defined as any physical or mental condition which prevents an individual from participating in general educational programs or from making reasonable progress in such programs. This definition includes at least the following conditions -- blindness or serious vision impairment, deafness or serious hearing impairment, speech impairment, crippling conditions, chronic illness, mental retardation, and serious emotional disturbance.

In recent years certain other barriers to participation in general educational programs have begun to be accepted within the term "handicap." These barriers would include behavioral disorders such as socio-criminal offenses, or inadequacies in the economic and social environment. The time and resources available for this project did not permit the Council staff to include these types of handicaps within the scope of the study, but this limitation of scope in no way implies that these "non-traditional" handicaps do not constitute an important problem for educators.

Educational Services. "Educational services" are defined as school programs, classroom instruction programs, home instruction programs, vocational education programs, and the development and dissemination of

instructional materials. This definition includes programs offered by either public or private educational institutions or agencies at all educational levels from preschool through college level programs.

Educationally Related Services. An "educationally related service" is defined as any type of special service which may be required by a handicapped individual or group of individuals as a prerequisite or as a necessary supplement to an educational service as defined above. Educationally related services considered in this definition include at least the following: diagnostic and evaluation services, medical services, transportation, special counseling, and specialized training such as physical therapy or instruction in basic living skills.

II

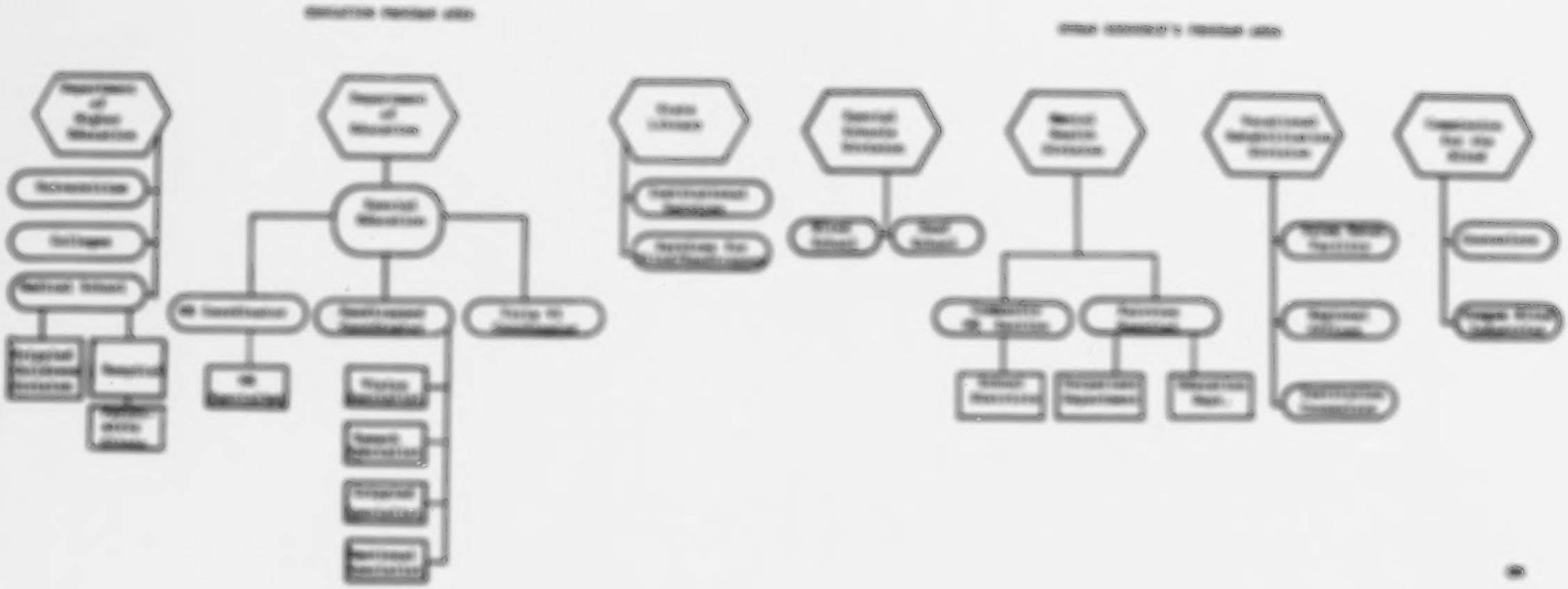
STATE LEVEL COORDINATION

Identification of the Problem

At the present time, educational and related services for the handicapped in Oregon are provided by a number of separate state agencies and institutions as well as many private institutions. State agencies engaging in the actual provision or funding of educational services for the handicapped include the State Department of Education, the Special Schools Division, the State Library, the Mental Health Division, and the Division of Vocational Rehabilitation. The Oregon State Commission for the Blind, the Division of Vocational Rehabilitation, the Crippled Children's Division of the University of Oregon Medical School, and the Mental Health Division are involved in the delivery of educationally related services. A summary of the services provided by each of these state agencies is provided in Appendix I. Figure 1 shows the organizational structure of agencies which currently are engaged in the delivery of educational or related services in Oregon. Coordination and communication between the various agencies, shown in Figure 1, are primarily informal in nature. The complex nature of the services offered by these agencies and institutions, as well as the existence of seven organizationally independent agencies at the state level, tend to make this present system of informal coordination inadequate, both in terms of efficient utilization of resources and in terms of the needs of the handicapped.

FIGURE 1

ORGANIZATION OF STATE LEVEL AGENCIES INVOLVED IN THE DELIVERY
OF EDUCATIONAL AND RELATED SERVICES TO THE HANDICAPPED



Specific problems resulting from inadequate coordination among state agencies and institutions include fragmentation of services available to a handicapped individual in his local community, unequal distribution of services to all areas of the State, and the provision of similar services by several different agencies.

Assessment of Need

The handicapped individual generally requires a whole range of special services in order to participate in or profit from educational programs. These special services include both specific special educational services and educationally related services as defined in this study. The need for close coordination of educational and related services is further increased by additional limitations the handicapped individual may have in the following areas -- his ability to communicate, his mobility, his intellectual ability to cope with complex situations, or a combination of these limitations. The emotional and financial burdens which are faced by the parents of handicapped children also contribute to their need for a coordinated system of services.

Another factor which contributes to the need for coordination of services is the prevalence and distribution of physical and mental impairments in Oregon. Table 1 shows prevalence estimates of mental and physical impairments in Oregon based upon the 1968 population of the State. It can be seen from this table that even when the State is broken down into only four regions that the incidence of some impairments in any one region may be quite low. The low incidence of any

TABLE 1

PREVALENCE OF MENTAL AND PHYSICAL DISTURBANCES OF CHILDREN BASED ON 1968 POPULATION[a]

	Population 64 Years and Under					Population 19 Years and Under				
	Region 1[b]	Region 2[c]	Region 3[d]	Region 4[e]	Total	Region 1	Region 2	Region 3	Region 4	Total
Mentally Retarded	14,260	10,520	5,440	3,740	33,960	4,710	3,540	1,830	1,230	9,310
Emotionally Disturbed	12,280	9,080	4,680	3,230	29,270	3,180	2,360	1,210	830	7,580
Deaf/Hard of Hearing	6,980	3,670	1,320	740	14,710	2,230	930	340	190	3,810
Blind/Impaired Vision[f]	4,280	2,770	420	630	8,310	210	140	30	30	410
Speech Disorders[f]	7,170	5,290	2,540	1,880	17,180	6,190	4,500	2,230	1,400	14,230
Multiple Handicapped	550	390	190	40	940	140	90	40	10	340
Orthopedic or Other Crippling Conditions[f]	25,310	18,410	9,770	9,430	57,140	1,780	990	710	770	2,960
Totals	67,430	42,140	20,730	19,700	161,410	17,260	11,550	6,410	5,810	38,210

[a]Estimates in this table have been derived from estimates contained in a report prepared by the Governor's Planning Committee on Vocational Rehabilitation, A Focus on Rehabilitation in Oregon, December, 1968.

[b]Region 1 consists of Columbia, Washington, Multnomah, and Clackamas Counties.

[c]Region 2 consists of Clatsop, Tillamook, Yamhill, Polk, Marion, Lincoln, Benton, Linn, and Lane Counties.

[d]Region 3 consists of Coos, Curry, Douglas, Josephine, Jackson, and Klamath Counties.

[e]Region 4 consists of Hood River, Wasco, Sherman, Gilliam, Morrow, Umatilla, Union, Wallowa, Jefferson, Deschutes, Crook, Wheeler, Grant, Baker, Lake, Harney, and Malheur Counties.

[f]Estimates of the prevalence of vision impairments, speech disorders, and crippling conditions in the "population 19 years and under" are based on prevalence rates in a publication by Jane Mencke, Special Education in the West, Western Interstate Commission for Higher Education, 1969, p. 39.

one type of handicapping condition in certain regions makes the need for close coordination of educational and related services for the various target groups apparent. The economic difficulties which are involved in providing services to such a diverse and scattered population also point up the need for a system of effective coordination at the state level.

The present limitations on available State resources for all types of programs, including those providing services for the handicapped, require that the allocation of resources to state agencies and programs be well coordinated. Table 3 gives a breakdown of both State and Federal funds which were expended on actual educational services alone during the 1969-71 biennium.

Objective

New operational a coordinated statewide system of educational and educationally related services for the handicapped which will insure the availability of such services to citizens in all parts of the State and which will minimize duplication or fragmentation of services.

Recommendations

1. By 1971, the Governor's Human Resources Coordinator and the Executive Director of the Educational Coordinating Council should provide on-going coordination of educational and educationally related services for the handicapped in the

TABLE 2

FUNDS APPROPRIATED FOR THE PROVISION OF EDUCATIONAL SERVICES TO THE HANDICAPPED
1969-1970 FISCAL YEAR

Agencies	State School for the Blind	State School for the Deaf	Special Ed. Board of Education	Palestine Education Department	State Library Special Services	Community MR Services	Total
State	$ 1,256,188	$ 2,438,434	$ 7,133,388	$ 1,249,666	$ 99,378	$ 432,999	$ 12,347,814
Federal	-0-	-0-	2,449,156	-0-	67,599	-0-	2,496,636
Other	28,215	23,581	-0-	-0-	-0-	-0-	51,796
Total	$ 1,982,493	$ 2,461,795	$ 9,584,544	$ 1,249,666	$ 117,878	$ 432,999	$ 14,896,786

agencies and institutions which fall within that respective program areas. There are two alternative means through which this recommendation might be implemented; but in either case, a formal procedure and structure for the coordination of services should be established.

a. A Department of Human Resources including the Mental Health Division, the Division of Vocational Rehabilitation, the Commission for the Blind, the Employment Division, the State Board of Health, and the Public Welfare Division might be created. The Educational Coordinating Council might be given increased responsibility for statewide educational planning, including both public and private programs at all levels. If these steps are taken, the directors of the above agencies should establish formal procedures to insure that all phases of program planning, evaluation, and implementation for the handicapped in their respective program areas are coordinated. The two directors should give particular attention to the recommendations contained in this study and to those contained in the Comprehensive Health Plan for the State of Oregon.

b. A special committee might be established by the Human Resources Coordinator and the Executive Director of the Educational Coordinating Council to provide coordination of educational and educationally related services to the

handicapped. This committee could consist of representatives of all agencies mentioned in alternative "a" above in addition to representatives from the State Department of Education, State Department of Higher Education, State Library, Special Schools Division, and private vocational/technical schools. If such a committee is established, it should give particular attention to the other recommendations in this study and to the recommendations contained in the Comprehensive Health Plan.

3. By 1977, the orderly transfer of the Special Schools Division to the State Department of Education should be completed. Since the Special Schools Division is involved only in educational activities, it seems appropriate that the activities of the Division should be integrated with the other educational activities of the state of Oregon. This transfer could increase coordination between the residential and public school programs for blind and deaf children. This coordination could be particularly beneficial in determining placement or transfer of students between public schools and the special schools. Increased compatibility of teaching methods and curricula could be another benefit resulting from increased contact between special schools personnel and Department of Education personnel.

3. By 1977, the Commission for the Blind and the Division of Vocational Rehabilitation should be merged. In accomplishing

this merger, steps should be taken to insure that the full range of services now offered by the Commission could continue to be available to the blind under the new organizational structure. Provision for the transfer of Commission for the Blind staff should also be made. The establishment of a special section for services to the blind within the Division of Vocational Rehabilitation would be one method by which these provisions might be guaranteed.

There are two major benefits for the delivery of educationally related services to the blind and multiple handicapped which will result from this merger.

a. The availability of educationally related services to blind individuals in all parts of the State would be increased by this merger. In the past, the effectiveness of the Commission for the Blind's services has been hampered by the location of all the Commission's facilities and personnel in the Portland metropolitan area. The Commission has proposed that cooperative agreements be established with the Division of Vocational Rehabilitation to enable Commission for the Blind counselors to use the Division of Vocational Rehabilitation regional offices and, in some cases, for Division of Vocational Rehabilitation counselors to work with blind clients.

An actual merger of the two agencies would seem to be a more effective and economical way to provide educationally related services to the blind in all parts of the State.

9. The availability and effectiveness of educationally related services for the multiple handicapped would be increased by the merger of the Division of Vocational Rehabilitation and the Commission for the Blind. At the present time, a large number of Commission for the Blind clients have multiple impairments. The delivery of educationally related services to these individuals would be improved if the special expertise of the Division of Vocational Rehabilitation and Commission for the Blind personnel were integrated.

4. <u>By the beginning of the 1973-75 Biennium, the classroom educational services for the trainable mentally retarded, which are now administered by the Community Mental Retardation Section of the Mental Health Division, should be transferred to the State Department of Education</u>. At the present time, classroom educational programs for the trainable mentally retarded are being provided through the Community Mental Retardation Section of the Mental Health Division as authorized by ORS 430.760 to ORS 430.820. Most of these classes are operated by public schools, and almost all of the classes are partially funded by local school districts. Because of the close

connection between local school districts and the classroom services for the trainable retarded, it would seem advisable for the administration of these services to be transferred to the State Department of Education where they could be integrated with other special educational services which are provided to local school districts. Consideration should also be given to the possibility of making classroom services for the trainable retarded mandatory, rather than permissive legislation. Certain aspects of the present program structure including the ability to contract with private agencies, and the unprorated payment arrangement should also be retained if this program is transferred to the Board of Education.

9. By 1972, the Division of Vocational Rehabilitation and the State Department of Education should develop and implement a joint agreement which identifies the responsibilities of each agency and establishes detailed working relationships between them in providing educational and educationally related services to the handicapped. Such an agreement has been developed between similar agencies in the state of Wisconsin, and that agreement might be used as a model in implementing this recommendation. The benefits which would result from an agreement between the Division of Vocational Rehabilitation and the State Department of Education would be improved referral procedures, continuity of services for the handicapped during the transitional phase between formal educational

programs and integration into the community, and compatibility between the content of educational programs and actual employment requirements.

6. By 1971, all Federal funding programs which are related to the provision of educational or educationally related services to the handicapped should be reviewed as specified in Bureau of the Budget Circular A-95. At the present time several major programs which are related to the provision of educational services to the handicapped are exempted from the review procedures specified in Bureau of the Budget Circular A-95. The removal of these exemptions would improve statewide coordination of Federal funds which aid in the provision of services to the handicapped.

III

IDENTIFICATION, EVALUATION, AND REFERRAL SERVICES

Identification of the Problem

At the present time, the system of identifying, evaluating, and referring individuals with physical or mental impairments in Oregon is inadequate to serve all regions of the State. There are two major problems which lead to this inadequacy.

Fragmentation of Services. The identification and evaluation of handicapped individuals in Oregon is fragmented according to type of handicapping condition. Each of the separate agencies or clusters of agencies which are set up to serve specific handicapped populations generally conducts its own identification and evaluation program. Identification and evaluation of the mentally retarded on a statewide basis is primarily the responsibility of the Outpatient Department at Fairview Hospital and Training Center. Similar services for crippled children are provided by the Crippled Childrens' Division of the University of Oregon Medical School. The Commission for the Blind is responsible for identifying and providing evaluation services for the blind. An informal group of agencies and individuals -- The Oregon Cooperative Council for the Deaf -- attempts to provide a system of identification and evaluation for individuals with speech or hearing impairments through local centers for speech and hearing. Identification and referral of emotionally disturbed individuals is handled by local mental health clinics.

Many efforts have been and are being made to maintain channels of communication and coordination between the various agencies and services mentioned above as well as other types of identification or evaluation services which are offered by schools, county health departments, or other public and private agencies. The informal nature of these efforts and a lack of sufficient resources tend to make them inadequate.

Geographical Dispersion of Handicapped Population. The geographical distribution of Oregon's population makes the provision of any kind of statewide services difficult. Identification, evaluation, and referral services for the handicapped are particularly influenced by the general population distribution because of the relatively small population of individuals with physical or mental impairments. Regional facilities or programs which are designed to provide identification and evaluation services for the handicapped in the less populated areas of the State tend to have an extremely high per capita cost. This problem is multiplied when the fragmentation discussed above is taken into consideration.

Assessment of Need

The need for a coordinated system of identification, evaluation, and referral of handicapped individuals has several important components. These are related to the special educational needs which arise from various types of handicapping conditions and the need for integrated services in order to provide adequate services to a relatively small population at a reasonable cost.

Needs of Handicapped Individuals. Special educational programs must be geared very closely to the individual needs of each handicapped adult or child. The course content and special methods which are effective in helping a student with one type of impairment may be totally unrelated to the special needs of some other student with a different condition. Thus, an individual diagnosis and specific evaluation of the nature and extent of the impairment of each individual is necessary if an educational program from which the student can profit is to be made available. An example of how inadequate identification and evaluation can have profound effects on an educational program would be the case of a child whose severe hearing impairment prevented him from making normal progress in school. Unless the real nature of the child's problem is identified as a hearing impairment, he might be placed in a special class for the retarded where the major cause of his inability to profit from educational services might not be dealt with at all. Children or adults who have multiple handicapping conditions have a special need for comprehensive diagnosis and evaluation so that they can be placed in educational programs which are designed to meet their special needs.

Another aspect of the need of the handicapped individual for diagnosis and evaluation is the element of time. For many types of handicapping conditions, educational services are most effective if they are made available soon after an impairment is identified. In many cases, the longer these conditions exist, the task of providing a profitable education for these individuals becomes more difficult. Thus, a system of identification, evaluation, and referral to educational programs which

detect impairments at either an early age or as soon as the impairments occur can increase the possibility of providing effective educational programs for the handicapped individual.

Need for Integration of Services. The estimated prevalence of various types of physical and mental impairments in only four regions of the State varies greatly, both by region and by type of handicap (see Table 1). This variation, coupled with the current limitation of State resources for all types of programs, makes the need for integration of identification, evaluation, and referral services obvious. It is only through such integration that comprehensive services will be feasible.

Objective

Have operational a statewide system of identification, evaluation, and referral of individuals with physical and mental impairments which will assure that the exact nature and extent of the handicapping condition of each individual is known and which will make handicapped individuals aware of educational or educationally related services which are appropriate to their special needs.

Recommendations

1. Multidisciplinary/multiservice centers for diagnosis, evaluation, and referral of children and adults with physical and mental impairments should be established in all 14 administrative regions of the State. Several alternative methods for the implementation of this recommendation have been

suggested in the Rehabilitation Section of the State Comprehensive Health Plan. These alternatives include:

a. Expand the responsibilities of the Division of Vocational Rehabilitation to include the operation of regional centers for diagnosis, evaluation, and referral. These services could be provided through the expansion of present Division of Vocational Rehabilitation regional offices and with the cooperation of teams of medical, dental, psychiatric, and educational personnel. The system of multidisciplinary teams which has been developed by the Crippled Children' Division should be integrated into the Division of Vocational Rehabilitation services if this alternative is implemented. The activities of the Outpatient Department of Fairview Hospital and Training Center should also be included.

b. The Crippled Childrens' Division and the Fairview Outpatient Department might continue to work together in establishing regional teams for diagnosis, evaluation, and referral. If this alternative is implemented, multidisciplinary teams made up of medical, dental, psychiatric, and educational personnel should be established in all administrative districts of the State.

c. Local public health departments or regional health districts, if established, might be charged with the

responsibility of establishing regional centers similar to those described above.

8. The Department of Human Resources, if established, should create and maintain a registry of individuals with physical impairments who are seeking public assistance (e.g., through regional diagnostic and evaluation centers, schools, etc.) and require the reporting of certain conditions. These conditions should include: all infants born with skeletal defects of a serious nature; all individuals with spinal injuries, amputations, and major crippling conditions; all cardiovascular disabilities; and serious vision, hearing, and speech impairments. The registry could be computerized, and proper steps should be taken to insure that information in the registry would be released only to responsible state or local public agencies. Summaries of the information contained in the registry would be of particular value to agencies responsible for program planning.

9. By 1972, the membership of the existing Interagency Committee for the Multiple Handicapped should be formalized and its membership expanded. Representatives from public school programs for the handicapped, the Cerebral Palsy Division, the classroom program for the trainable mentally retarded, and psychiatric personnel should be added to the current membership consisting of representatives from Fairview Hospital and the State Schools for the Blind and Deaf. This expansion of the Committee's membership would assure that each multiple handicapped child would

be referred to a special program which would best serve his or her needs.

6. By 1978, directories of educational and educationally related services for the handicapped should be compiled, published, and given wide distribution throughout the State. A directory of services available through the State Department of Education has already been developed, and a directory of services for the deaf has been published also. The Department of Education and the Division of Vocational Rehabilitation should work together to combine the various directories which already exist and to develop a single comprehensive reference of all rehabilitation and educational services for the handicapped in Oregon.

IV

NEEDING FOR Accelerating Utilization
OF PRE-SCHOOL AID OR EARLY SCHOOL AID

Identification of the Problem

Many children with mental and physical impairments do not receive special educational services at an early enough age to maximize their educational potential. At the present time, there are serious financial barriers which prevent many school districts or agencies from providing special educational programs to handicapped children before they reach regular school age. Certain statutory limitations also prevent the State Department of Education from providing aid to local schools for the establishment of pre-school special educational programs.

Assessment of Need

The needs of children with physical or mental impairments for educational services do not necessarily begin when the child reaches school age. In most cases, the presence of an impairment will require special treatment for a child from the time the handicap is first identified. If such special services are not provided throughout the child's developmental years, particularly in cases of deafness or serious hearing impairment, emotional disturbance, or extreme learning problems, the difficulty of providing educational services from which the child can profit may be increased as the child progresses in school.

Objective

Develop a system of pre-school educational services for handicapped children which will maximize the ability of each child to participate in either general or special educational programs when he or she reaches school age.

Recommendations

1. ORS 327.310 should be revised to allow local school districts to receive Basic School Support for handicapped children enrolled in special pre-school educational programs.

The procedures for determining eligibility for special education as defined in ORS 343.227 could be used to determine eligibility for Basic School Support. A special appropriation similar to the transportation appropriation (ORS 327.031) might be established to provide compensation to local districts for the operation of pre-school educational programs for handicapped children. The handicapped child statute (ORS 343.212 to 343.301) does not preclude the reimbursement of programs serving children below the regular school age, but the extra financial burden to the local district for establishing such programs without Basic School Support will limit the availability for such programs. If this recommendation is implemented, local school districts would have financial resources available for special educational programs for younger children.

2. <u>Pre-school and primary grade educational programs which involve both handicapped children and their parents should be developed and implemented in local school districts, educational agencies, and institutions where they do not now exist.</u> The cooperation of parents and educators in the development of pre-school and primary grade educational activities for handicapped children is one of the most efficient and economical means through which children with physical and mental impairments can be given the special help they require as preparation for general or special educational programs for school age children. These cooperative programs could include training seminars for parents of handicapped children and the development of home instruction programs and pre-school classes which would include both parents and children.

V

SPECIAL EDUCATION FOR THE HANDICAPPED IN LOCAL SCHOOL DISTRICTS

Identification of the Problem

Many school districts in Oregon are unable to provide special educational services to handicapped individuals living within their boundaries. A survey of all school districts in the State was conducted by the Council staff to determine the extent of this problem. Questions asked in the survey were designed to ascertain each district's ability to provide educational services to the handicapped. Of the 331 school districts which received questionnaires, 171 completed and returned usable questionnaires in time to be included in the study. The information obtained from this survey confirms that there are a fairly large number of school districts in Oregon which are unable to provide special educational services for students with known physical or mental impairments living within their districts. Another fairly large percentage of districts responding to the survey did not indicate any knowledge of handicapped students within the district, and thus, these districts do not offer any special education programs. Slightly less than one-half of the districts responding to the survey indicated that they had special education programs which meet the needs of all known students with handicaps living within their districts.

Table 3 summarizes the responses (according to size of district) to questions regarding the number of students with various types of impairments in each district and the type of special education programs offered by each district. (A copy of the original questionnaire is included in Appendix II.) It should be noted that several school districts are classified with those offering services for all known handicapped students even though these services are provided through contracts with other school districts. These contractual arrangements are specifically provided for by statute.

TABLE 3

SPECIAL EDUCATION PROGRAMS IN OREGON SCHOOL DISTRICTS

	DISTRICT SIZE (ADM)					
	Less Than 100	100-499	500-999	1000-2999	3000+	Total
Offer Complete Service	3 (9.0%)	32 (48.4%)	5 (33.3%)	20 (55.5%)	11 (52.3%)	71 (41.6%)
Offer Incomplete Service	8 (24.2%)	20 (30.3%)	7 (46.6%)	16 (44.5%)	10 (47.7%)	61 (35.6%)
No Known Handicapped	22 (66.8%)	14 (21.3%)	3 (20.0%)	-	-	39 (22.8%)
Districts Responding to Survey	33	66	15	36	21	171
Total Districts in State	96	114	30	57	34	351

An analysis of Table 3 points to two important aspects of the general problem outlined previously. First, the fairly large number of small districts which do not report the presence of students with physical or mental impairments would indicate that identification procedures in these districts may not be totally effective. This aspect of the problem was dealt with in Section III of this study. The second major aspect of delivering special educational services to local school districts is that many small or medium sized school districts have identified students with mental or physical impairments living within their districts, but a number of these districts do not offer special education programs. Since small and medium sized school districts constitute a majority of all districts in the State, the financial requirements for the establishment of special education programs in these districts are extremely high. The survey also indicated that Intermediate Education Districts do not offer a full-range of special education services to local school districts at the present time. The most common special service offered by Intermediate Education Districts is speech therapy.

Assessment of Need

The need for special educational services in many school districts which do not now offer such services is well documented. Less than one-half of the school districts in the State presently offer such services. The actual number of students needing services is extremely

hard to ascertain due to the identification problems discussed earlier. Table 4 summarizes estimates of the number of students with various types of handicaps who receive neither special educational services or regular classroom services. These estimates are based on the survey of school districts discussed previously. These figures only approximate the exact numbers of handicapped students who need special services because they are based only on the number of students actually identified by school districts in the survey. Table 4 does not include handicapped students who need special services but are only receiving regular classroom services.

Objective

Have operational a system of special educational programs which can be made available, on at least a part-time basis, to all handicapped individuals in the State.

Recommendations

1. A full-range of special educational services should be made available to handicapped individuals within each Intermediate Education District in Oregon. There are a number of means by which these services could be provided by Intermediate Education Districts, but in all cases, the expenses involved should be shared by both the districts involved and by the State.

   a. Special training in working with handicapped children might be provided for teachers in small school districts where the hiring of a new special education teacher would not be economically feasible. This training could be

TABLE 4

ESTIMATED NUMBER OF HANDICAPPED STUDENTS
WHO DO NOT RECEIVE SPECIAL SERVICES
AND WHO ARE UNABLE TO ATTEND REGULAR CLASSES

Type of Handicap	District Size (ADM)					
	Less Than 100	100-499	500-999	1000-2999	3000+	Total
Retarded (TMR & EMR)	26	48	33	90	126	323
Emotionally Disturbed	-	30	7	66	142	245
Hearing	-	16	-	19	34	69
Vision	-	5	-	1	11	17
Speech	-	114	-	24	3	141
Multiple	-	-	-	8	3	11
Crippled or Chronically Ill	12	8	7	21	16	58
Total	38	235	47	229	335	884

Note: Estimates are based on the actual number of students reported in the survey, adjusted to fit the population of the State using the following formula:

$$\text{Estimate} = \frac{T}{S} \cdot R_n$$

T = Total school districts
S = School districts responding
R = Number of nonserved students reported
n = Size classification of district

provided during the summer months for individual teachers in districts or schools where handicapped children are to be enrolled during the following school year.

b. Special educational services -- including home instruction programs, itinerant teacher services, and special classes -- should be established in some centrally located schools within each Intermediate Education District. These services should be provided for students with all types of physical and mental impairments.

c. Cooperative programs involving both community college facilities and personnel and local school districts might be established by Intermediate Education Districts to aid in the provision of special educational services for adults and older children with physical and mental impairments.

d. Technical advances in educational telecommunications media might be utilized as a means of delivering special education to handicapped individuals in remote areas of the State.

2. <u>The special educational services which are currently provided by Special Education Regional Facilities should be expanded to include both larger geographical areas and additional facilities</u>. The expansion of regional facilities should include the designation of Holladay Center for Crippled Children in Portland as a regional facility. A further expansion might be the designation of the day school programs at both the

School for the Blind and the School for the Deaf as regional programs. The development of services for pre-school age children as recommended in Section IV of this study should also be continued by Special Education Regional Facilities in the State.

3. Unification and/or consolidation of school districts in Oregon should be carried out in order to provide more comprehensive special education services within local school districts in Oregon. The unification of school districts in Oregon as specified in proposed House Bill 1213 (submitted by the Interim Committee on Education) would improve special education programs in Oregon's schools in two ways. First, the increased size of unified school districts would increase the feasibility of financing special education programs in many areas of the State where the limited resources of some local districts do not permit special programs. A second improvement would be in coordination between the Special Education Section of the State Department of Education and local school districts. At the present time it is extremely difficult for the Department's special education consultants to maintain close coordination with all school districts in the State. A reduction in the number of schools districts would substantially reduce this difficulty.

VI

SPECIAL EDUCATION FOR EMOTIONALLY DISTURBED CHILDREN

Identification of the Problem

Special educational and educationally related services for emotionally disturbed children in the state of Oregon are extremely limited. At the present time there is no special program of comprehensive services for emotionally disturbed children at the state level. Several private facilities provide services for these children, but these programs are primarily concentrated in the Portland metropolitan area and are only able to serve a few of the children needing help. Classroom programs for emotionally disturbed children are receiving state aid in six local school districts and two intermediate education districts. A very limited number of children are receiving educational and related services at Edgefield Lodge in Multnomah County. This facility is operated jointly by the Mental Health Division and the Multnomah County Intermediate Education District. A limited number of emotionally disturbed children who are patients in state mental institutions receive part-time school programs through classes provided by the State Department of Education.

Assessment of Need

Estimates of the number of emotionally disturbed children in Oregon vary widely because of different definitions of emotional disturbance.

The most conservative estimates provided by personnel from the Mental Health Division, the University of Oregon Medical School, and the State Department of Education agree that there are at least 1,000 children in the State who are so disturbed that they cannot be served within the public schools. In addition to these severely disturbed children, several thousand other children are estimated to need special services in order to profit from educational programs. These special services could include modified classroom programs as well as supplementary services provided by agencies in cooperation with the public schools.

The needs of emotionally disturbed children are particularly important because most of their problems can be overcome if they are dealt with at an early enough age. If the needs are not met, the likelihood that they will become permanent responsibilities of the State is great. It is obvious that the habilitation or rehabilitation of emotionally disturbed children is desirable, both from a humanitarian and an economic point of view.

Objective

Have operational a system of comprehensive educational and educationally related services designed to meet the needs of emotionally disturbed children in the state of Oregon.

Recommendations

1. By 1972, the Mental Health Division should establish a "Children's Services Section as proposed in the "Governor's Budget Recommendations." This section would provide diagnostic services, small

group residential treatment centers and day care centers in each of the 14 administrative districts of the State. Acute hospitalization services which are specially designed to meet the needs of children with severe emotional disturbances should also be provided by the section. The Childrens' Services Section should insure that its diagnostic and referral activities are coordinated with existing community resources, both public and private.

3. Special educational services for emotionally disturbed children should be established in local school districts. These services should include special classes, special programs for individual children to be used by the regular classroom teacher, or both. The State Department of Education should encourage local districts to give high priority to these programs in their planning.

4. By 1971, the Childrens' Services Section of the Mental Health Division and the Special Education Section of the State Department of Education should establish formal procedures for the coordination of their activities. This type of formal coordination is essential in the case of services for emotionally disturbed children to insure that the development of new programs is accomplished with a minimal amount of duplication or fragmentation. These two agencies should also establish formal lines of communication with the many private facilities which are currently providing services for emotionally disturbed children.

APPENDIX I

STATE AGENCIES AND DEPARTMENTS INVOLVED IN THE DELIVERY OF EDUCATIONAL OR RELATED SERVICES FOR THE HANDICAPPED

Oregon Commission for the Blind

The Commission for the Blind provides a number of educationally related services to the legally blind in Oregon. These services include vocational and educational counseling, instruction in mobility and basic living skills, vocational training through Oregon Industries for the Blind, maintenance of the Oregon Register of the Blind, and the provision of special equipment such as tape recorders and record players. The Commission also provides some limited educational services which consist of instruction braille reading for elderly blind individuals. The Commission is authorized by ORS 346.110 through 346.190.

State Department of Education

The State Department of Education is authorized under Chapter 343 of the Oregon Revised Statutes to provide a variety of educational services to the handicapped. These services include the distribution of both State and Federal funds to local school districts for the operation of special education programs, the determination of eligibility for participation by children in special programs, the establishment of educational programs for hospitalized handicapped children, the provision of educational materials for blind students, and the provision of consultant services in special education to local school districts.

The State Department of Education also provides scholarships for teachers of mentally retarded children through local school districts.

The Career Education Section of the State Department of Education provides special educational programs for the handicapped through community colleges.

State Department of Higher Education

The State Board of Higher Education is authorized under ORS 444.010 through 444.050 to provide medical services, hospitalization, and evaluation of crippled children through the Crippled Childrens' Division of the University of Oregon Medical School. These services are directly related to educational programs in local school districts since the identification and evaluation services are used in determining both the placement of children in special programs and the specific content of certain programs.

The State Department of Education also provides limited educational and related services for the handicapped through clinical programs at various colleges and universities. These services include the Outpatient Clinic at the University of Oregon Medical School, which provides medical and psychiatric care for both children and adults.

State Library

The State Library provides two special services for the handicapped in Oregon. The Institutional Library Service of the State Library provides books and other types of educational materials to State institutions and/or agencies. This section also administers certain Federal programs for institutional libraries. The Library Services for the

Blind and Physically Handicapped Section of the State Library provides braille materials, large print books, talking books, and special equipment to blind and physically handicapped individuals anywhere in Oregon.

Mental Health Division

The Mental Health Division provides educational services to the mentally retarded through the Education Department of Fairview Hospital and Training Center. The Community Mental Retardation Section of the Mental Health Division is authorized under ORS 430.760 through 430.825 to provide, or cause to be provided, special classes for the trainable mentally retarded. Educationally related evaluation and diagnostic services are also provided by the Outpatient Department of Fairview Hospital and the Community Retardation Section.

Special Schools Division

The Special Schools Division operates the State School for the Blind and the State School for the Deaf. These two schools provide residential educational services for blind and deaf children.

Division of Vocational Rehabilitation

The Division of Vocational Rehabilitation offers a variety of educationally related services for the handicapped. These services include vocational counseling, work experience programs, the operation of sheltered workshops, and the payment of medical expenses for clients.

The Division also contracts for specific educational services for individual clients in community colleges and private vocational-technical schools.

APPENDIX II

EDUCATIONAL COORDINATING COUNCIL

Study of Educational Services for the Handicapped in Oregon

1. According to your records, about how many students are unable to attend regular classes because of physical, mental or emotional impairments including blindness or vision impairment, deafness or serious hearing problems, speech problems, mental retardation, emotional disturbance or other physical handicaps? (Please list according to type of impairment, if possible.)

2. How many children in your district are enrolled in special education programs? (Please list according to type of program.)

3. How many special education teachers or other special education personnel are employed by your district? (Please list according to type of specialty.)

6. What special education services, if any, are provided by your ESD?

5. Are you aware of any other public or private agencies which provide educational or related services to the handicapped in your district? Please list these agencies and describe your relationship with them.

(PLEASE ATTACH EXTRA SHEETS AS NEEDED)